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THE LATE DR. FREDERICK MAY, OF WASHINGTON.

[Communicated for the Boston Medical and Surgical Journal.]

At a meeting of the Medical Society of the District of Columbia, held January 25th, at the Washington Infirmary, Dr. James C. Hall, one of the Vice Presidents, in the chair, the death of Frederick May, M.D., the late President of the Society, having been announced by the Chairman—

On motion of Dr. Miller, a committee was appointed to draught resolutions suitable to the mournful occasion.

The Chair appointed Drs. Miller, Jones and Reily as the committee.

Dr. Miller, on the part of the committee, presented the following biographical sketch and resolutions :—

It becomes our painful duty to announce to you and the Medical Society the loss we have sustained by the death of our beloved and venerable President, Dr. Frederick May. He died on the 23d instant, at 9½, P. M., in the 74th year of his age. Dr. May was one of the oldest residents of this city, and the oldest physician in it. Soon after the attainment of the degree of M.D. at the college in his native State (Massachusetts) he removed to this city, and settled in the practice of his profession. This occurred as early as the year 1795. At this period our city was a mere wilderness, and we believe he was the only practitioner of medicine. Soon he succeeded in securing the confidence of those then resident here; and, as the city increased in population, so did he add to his popularity and professional usefulness. He was for many years *the* physician and surgeon of Washington, and attended the most distinguished men of the country, assembled here at the seat of government. In the even tenor of his way he passed on, with his professional standing ever gaining as he increased in years, and he saw spring from the wilderness a magnificent city.

In the year 1823, upon the establishment of a medical school in this city, he was appointed to the Chair of Obstetrics. In this he distinguished himself as a lecturer. As such, by the soundness of his doctrines, and by the beautiful and classic style of his lectures, by the urbanity and gentleness of his manner, he commanded the regard and confidence of his associates, and the admiration of his pupils. He continued his labors as professor in this school until its re-organization, which took place in 1839. Though solicited to retain his position, he declined, but continued to pursue the practice of his profession till overtaken by infirmities, induced rather by laborious professional life than by the effects of age.

Within the last year of his life he had withdrawn from its active duties, having filled the measure of his highest ambition by the attainment of an enviable position in his profession; by having reared to maturity and usefulness a numerous offspring; by having acquired the love and esteem of a large circle of friends, and among them the whole medical profession of this city; and last, not least, by having secured, as far as in his power lay, the hopes of a blessed immortality. He lived a bright example to his professional friends and brethren; and when called to yield his spirit to his God, he proved the importance and value of a well-spent life. We are aware that custom has sanctioned elaborate and high-sounding praise of the merits and deeds of the dead; that overweening zeal often leads us to attach too exalted a value to the actions of deceased friends. In the present instance the charge cannot be alleged, for we have but to speak the truth, and that truth will be praise enough; and by it, if but accurately portrayed, we shall recognize the man while living.

The life of medical men in private practice presents but few incidents from which to make an interesting or lengthened biography; but when these are characteristic, and serve as beacon lights by which rising generations may be governed, they should be shown forth. In the life and character of our friend, we have an example most worthy of imitation; his early struggles, distant from home and from friends, with no superfluity of earthly riches, surrounded by strangers—yes, even in a wilderness attaining, by his exertions and his merits alone, the highest honors and distinctions of his profession; and when, in after years, this wilderness had grown into a city, and he to compete with men of distinction in his profession, and still to retain so high a rank as to be looked upon as the guide—ay, as a patriarch of that profession—having for his reward wealth, the esteem and confidence of all his professional brethren, and this the result purely of his own exertion and merits.

It was *not* by the possession of ordinary talents and professional skill that this was attained; it was *not* by assumption that it was arrived at. No: it was by his untiring zeal in the profession—his interest in its welfare, and by that constant and uniform courteous bearing (so characteristic of him) to all the members of the profession, that gave him the confidence and esteem of those nearest his age and standing, whilst these, together with his *marked* consideration for the juniors in the profession, gained him their warmest regard. No one ever possessed the latter quality in a higher degree than did Dr. May. None ever more ready to extend assistance, to inspire and sustain laudable ambition in the enterprising aspirant for fame in his profession, and none ever more prompt or more successful in placing before such, bright example and sound precept.

As evidence of the high esteem entertained for Dr. May, by his professional brethren of our city, there was seldom a post of honor or distinction at their disposal for which he did not receive the unsolicited and unanimous voice of the profession. Over our medical councils he was ever called to preside. At the period of his death he was the presiding officer, not only of this body, but the Medical Association of Washington. In all conferences of the profession for the promotion of its interests and

welfare, he was ever consulted, and his views appreciated. But recently he was re-elected President of this Society, although it was known that he was unwilling to accept this office, lest he should be incapable from ill health of discharging its duties. Yet he was unanimously re-elected, and a complimentary notice accompanying the announcement of his election was received by him but a short period before his death. These marks of distinction were fully appreciated by him, and he never allowed an opportunity to escape that he did not, in his unassuming and unostentatious manner, acknowledge them.

The early education of Dr. May, as is the case with all the profession in this country, fitted him for the practice of its several branches. Whilst he engaged in the duties of a general practitioner, he, at an early period of his professional life, became particularly devoted to obstetrics and diseases of women. In this branch he became most distinguished, and was most extensively and successfully engaged. Few can boast of possessing a more extensive confidence among the female sex than he, and none more deservedly. As an obstetrician he was unsurpassed—patient, trusty, yet skilful and firm. His example will be long remembered by his contemporaries, while the succeeding generation will have much to regret, in the absence of any written record of his observation and experience. In his professional intercourse we have said that he was courteous; to his patients he was mild, gentle, conciliating in his manners, observing always the utmost delicacy. To his professional brethren the word *courteous* can scarcely convey a proper idea of his course of conduct. Conciliating, dignified and confiding, prompt and punctual in his professional engagements, he was seldom ever known to be a minute before or after time; he often would impress on his juniors in the profession the importance of the observance of punctuality, and, when it was not observed, his gentle chiding and admonition gave rather pleasure than offence. In his intercourse with society he was much restricted, his time being so wholly devoted to his professional duties, though none, we are informed, in the earlier periods of his life, enjoyed social intercourse more than he. Honorable and just in all his dealings, he maintained the highest respect and regard among his unprofessional friends. In his habits regular and temperate; in this respect, being a bright example not only to our profession but to the community at large. It was, however, in his private relations that the character of our friend shone most beautifully. Though actively engaged in the duties of an arduous profession, yet he so arranged his time as to be able to enjoy the social pleasures of the family fireside.

Deprived by death early in life of the partner of his bosom, he devoted himself closely to the education of a large family of children, who by his paternal care were reared to maturity and usefulness, and who now prove themselves the not unworthy offspring of a most honored sire. Tutored by such a hand, who could have expected otherwise of them? To his friends it is peculiarly gratifying, and to himself it was a source of great comfort, that he should have lived to have experienced the completion of his efforts for his family. More than once he would express his thankfulness and gratitude on this point, and conclude by saying that he had

nothing now to live for; that he had fulfilled the duties assigned to man; that he had completed his task, and was now ready and willing to depart. It was true, indeed, that he had fulfilled his duties to his country, his profession, his family, and his God.

It was our melancholy privilege to witness the last moments of Dr. May. For more than a year has his life been ebbing. Several attacks of disease enervated a constitution already shaken by laborious professional duties, which he was now compelled to relax; though up to within a few months past he continued to give advice to a few friends, or meet his brethren in consultation. About the first of November it became necessary for him to confine himself to the house for a very slight indisposition. From this time he rapidly emaciated without an assignable cause, without suffering a single pang, and this condition existed to the last: gradually day by day he declined, looking forward for the approach of death, of which he spoke familiarly. But one wish on earth remained ungratified. It was to see his sisters and brother. With the greatest anxiety he watched their coming, hoping that they would reach here whilst he was in the enjoyment and possession of his faculties. This wish *was* gratified; they came, he recognized them, conversed with them, blessed them, and then slept that long sleep of death, from which he will only be awakened by the last trump.

Dr. M. then moved the following resolutions:

Resolved, That the Medical Society of the District of Columbia have heard with deep emotion the annunciation of the death of their venerable President, Dr. Frederick May.

Resolved, That in testimony of respect, the members of the Medical Society will in a body attend the funeral.

Resolved, That they will wear the usual badge of mourning upon the left arm for thirty days.

Resolved, That these proceedings be published in the city papers, and the Boston Medical and Surgical Journal, and recorded in the minutes of the Society, and that a copy be transmitted to the family.

Resolved, That as a further token of respect the Society do now adjourn.

Dr. Young having seconded the motion to adopt the resolutions, made some appropriate remarks, in which he mentioned his peculiar relations to the deceased, having been his private pupil, and also one of his class while Dr. May held the situation of Professor of Obstetrics in the Medical Department of Columbian College. Dr. Y., after having recounted the various virtues of the deceased as a man and as a physician, alluded to his eloquence as a lecturer, and mentioned as an evidence of his abilities as a public speaker, that he had seen the whole class of medical students in tears while Dr. May was lecturing on a subject connected with his peculiar department of medicine.

Dr. Reily also added his testimony, to those who had preceded him, of the high professional honor and courtesy of the deceased.

The resolutions were then unanimously adopted, and the Society adjourned. JOSEPH BORROWS, *Recording Secretary.*

"THE BRONCHITIS WAR."

[Communicated for the Boston Medical and Surgical Journal.]

Having at length obtained the name of "M. Mattson," in lieu of the *stat nominis umbra* of Dr. Green's champion, protege and pupil, and being thus enabled to brand the author, that he may bear the mark of mendacity which he has earned, I proceed to the infliction by specifying the following items of wilful falsehood, of which he is self-convicted in his last article.

1st. "Dr. R. *commenced!* this warfare by assailing Dr. Green *anonymously* in the columns of a *newspaper*, a species of huckstering which even Brandreth or Dr. Dow might well be ashamed of." The fact that the "warfare" was "commenced" by the ready-made puffs furnished to the *newspapers* simultaneously in city and country by Dr. Green's publishers, to forestal criticism, has been proved in your Journal, and my first article was in rebuke of this precise contemptible "huckstering." All which was known to this M. Mattson, so that his accusation was deliberately made knowing it to be false.

2d. The "encomiums of Professors Mott and Revere," have never been pronounced except in the fictions of M. Mattson, and I have authority to pronounce the use of the former gentleman's name wholly fictitious. Dr. Mott, in common with the whole profession in New York, estimates the "merit" of Dr. G.'s "discovery" as it deserves.

3d. No "review" of the book in question was ever published in the "newspapers" until it appeared in your Journal. The former article being a mere caveat against a puff which had been smuggled into a "newspaper," and could only be rebuked through the same medium. This statement of M. Mattson is therefore wilfully false.

4th. My name is falsely represented to have been given up only on "the compulsion of John Doe," when you are my witness that it accompanied my first article to your Journal, with express permission to give me as its author; as had been done to the "newspaper" in the previous instance. This whole story about John Doe is another base falsehood, however often repeated.

5th. The New York Medical and Surgical Society, and its records, are, most unfortunately for Dr. G. and his eulogist, appealed to by M. Mattson, under the date of 1840. But those same records under date of February, 1847! will show that Dr. G. has been *excluded from the fellowship* of that identical Society, under charges of unprofessional conduct in reference to *this very book on "Bronchitis,"* and this by a summary vote of its members. The sense of the profession here and elsewhere is truly symbolized by this single fact so honorable to the Society. It moreover fully sustains the justice and necessity of the strictures, which duty alone has prompted me to make upon the subject.

6th. The "*suppressio veri*," in M. Mattson's citation of the copy of Dunglison's Library, is so palpable that every reader will perceive its flagrant falsehood. The title-page of Trousseau and Belloc's work is dated 1837, but in the year 1841 a volume is bound up containing several works, and this among them. But this work was circulated singly

in 1839, as this M. Mattson knows, for in his own copy he admits that the preface is dated 1839, and so is the sub-title, unless he has torn it out.

7th. Pa-sing over numerous other instances of the mendacity into which M. Mattson has been driven in his desperate effort to shield Dr. G. from the shafts of truth, I shall only notice one more, and I do so reluctantly because it is wholly personal. He affirms that he can "prove by the most respectable and unimpeachable authority," that "Dr. Reese has stated distinctly and emphatically that it was utterly impossible to apply medicinal solutions to the interior of the larynx." Here is an impeachment of both my intelligence and my integrity, for if true of any "anatomist or physiologist," though affirmed of many such besides my humble self, it would entitle such an one to the epithet due to knavery as well as folly. So far as I am concerned, I pronounce it a foul calumny that I ever stated, or imagined, or dreamed of such impossibility, and deny that any "authority" can be produced, "here in Boston or elsewhere," "within a year past" or ever, of any *living* man who has character of any kind to lose. As in the case of Dr. G.'s celebrated conversation with Dr. Johnson, the witness may be *dead* before his authority is cited, and in such case I can only hope that his written and printed testimony may, as in that case, shield his memory.

In my first review on the subject in your Journal, I denied the possibility, and repelled with indignation the imposture, alleged by Dr. G.'s patients, that the *bronchial tubes* could be swept out with a sponge, as they had evidently been "educated" to believe had been done upon their own persons. But I have never doubted the possibility of reaching the interior of the larynx in the manner, and to the extent, claimed by Trousseau and Belloc, and which I have proved to be identical in extent with everything claimed for Dr. G. in his "peculiar practice." Nor can any physician or surgeon of just eminence in his profession be found who believed this impossible, either anatomically or physiologically. It was the silly pretence bruited abroad for effect, that Dr. G. had discovered the way to apply his medicines to the bronchial bifurcation, and even into the lungs, that has been denounced by such men everywhere as a gross imposture, because "physically impossible."

The malignity of the personal assaults made upon me, vindictively imputing to me "petty malice," and a disposition to "injure the professional standing of Dr. G.," and the like, I can afford to suffer to pass as unworthy of denial. All in the profession, or out of it, who know me and our relative "standing," will smile ineffably at the conceit. And in conclusion I would briefly say to M. Mattson, that if he would rescue his friend from his "bad eminence," it can *only* be done by calling in the copies of his book, and burning them, and then sending it out anew, purged of all its fictitious pretensions to novelty, of all reference to Dr. Johnson, of all profession concerning bronchitis, and entitled, a "Practical Treatise upon Follicular Diseases of the Throat, &c., illustrating T. and B.'s method of cure by topical applications." D. M. Reese.

P. S.—The April No. of the American Journal of Medical Sciences,

edited by Dr. Hays, of Philadelphia, contains a review of "Green on Bronchitis," which in all respects sustains and reiterates the *identical* allegations, both *professional and moral*, which my duty has constrained me to make against Dr. Horace Green the author, and moreover convicts him of other offences, equally flagrant in the estimation of all honorable members of the fraternity. The initials appended to it indicate the high source of these strictures, while the candor and impartiality of the Journal in which it appears are well known at home and abroad.

Referring to the article itself, is all which is admissible here, but the following concluding sentence of the reviewer is commended to M. Mattson as characterizing the work of which he has chosen to become the eulogist.

"It is an irksome duty to write thus disparagingly of an original American work, but we regard it as a paramount obligation resting upon all critics to speak the truth without fear or favor. Sometimes indeed they may find certain features in a work so admirable as to redeem many and evident defects, and then they are privileged to bear lightly upon the more ungrateful part of their task. But in the present instance there is a moral defect for which nothing can compensate; a want of candor and fairness which no scientific excellence (if there were any) can atone for; and which it must be confessed, would suffice to give an unfavorable bias to the most impartial judgment. Of the medical part of the work there is little new that is good, and still less good that is new. There is much in its arrangement which renders it next to useless as a pathological treatise; and much in its style which reminds one of those books which bear 'internal marks of being addressed more to the public than the profession,' and which Dr. Latham so emphatically cautions his pupils 'never to read.'"

I may now say to Dr. G. and his book, as well as to M. Mattson, so far as I am concerned, "*requiescat in pace.*" D. M. R.

OBSERVATIONS ON IRRITABLE URETHRA.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

What has hitherto been said relates more immediately to the treatment of permanent stricture, or that state of the urethra in which there is a well-defined closure of greater or less extent in that canal. The causes of failure in its treatment and its frequent return, after seeming cure, are so closely connected with a pathological state far more common, but often quite as serious as stricture, that we believe we can make ourselves more intelligible by recurring to them, after noticing that condition of the mucous membrane.

It has very properly been called the irritable urethra, from the fact of its being unusually sensitive to the passage of urine, which often produces spasmodic contractions and consequent diminution of the stream. But the symptoms that usually bring the patient to seek advice, are either

involuntary losses or a premature expulsion of the semen, or an absolute or fancied inability to complete the genital act. This broad symptomatology, it will be seen, combines the irritable urethra and spermatorrhœa with actual loss of virility, and such indeed is our intention; for although it is necessary to diagnosticate minutely the existing symptoms, if we are to effect any benefit by our treatment, the whole is but one continued series, from a well-balanced and healthy state of the mucous membrane of the urethra to positive impotence.

How far irritability of the stomach or constipation of the bowels may give rise to this state of things, we leave others to determine; for ourselves, we confess that we attach no importance to it as a cause, although that opinion has hitherto been sustained by very high names in the profession. Whether we have been unusually successful in gaining the confidence of our patients, is not for us to say; but very certain we are, that in most of these cases the patient has confessed either onanism, sexual excess, blenorrhœa, or entire continence after excess in early life. Out of a great number of cases of more or less irritable urethra which an extensive practice has brought under our notice, none could with truth be said to have led such a life as was calculated to produce a healthful state of this mucous membrane, or the continuous appendages of the seminal vessels or testicles. It is because the hyperæmic state attendant upon these excesses, has in many cases become so great as to produce what could only be called actual stricture of the urethra, that we combine it with that subject.

When a patient presents himself before us with the symptoms of irritable urethra, and an indefinable expression of doubt pervading his entire appearance, his eyes casting furtive glances as though he were about to undergo an examination for suspected theft, and we can find, on close investigation, no evidence of organic lesion in any of the great cavities of the brain or body, and can assure ourselves that no moral emotions of an ephemeral nature are thus affecting him, we may be sure that some derangement exists in the sexual organs.

That combination of mental and bodily causes that so absolutely controls the system in the earlier years of life, and is so constantly productive of a self-possessed, if not a graceful and dignified, deportment, is so universal in its action, at least in all those obliged to mingle in the society of every-day life, that we may depend upon it they will never be found cursed with that miserably vacillating and nervous deportment characteristic of the confirmed onanist.

After having satisfied ourselves of the practice of the habit, we should in every case proceed to investigate the state of the urethra, by the introduction of a middle-sized bougie; such an one is much more likely to pass without opposition than a small one, for that will often be caught in a relaxed fold of the membrane, as we have said before. But it almost always happens that spasmodic action opposes its progress, whether large or small, and the patient, if not lying down, will often faint.

Here at once we have detected the "irritable urethra;" whatever other symptoms exist, this state must be overcome before we can proceed

further; some two or three weeks use of the bougie, at intervals of a day or two, according to the effect produced, will be found to remove this symptom; after this, for the purpose of overcoming increased vascularity, we are in the habit of using with excellent results the ung. nit. hyd. mit. With this we anoint the end of the bougie for an inch or so, and direct the patient to use the liquor potassæ twice a day, gtts. xx. to xxx. in a half tumbler of water. This overcomes ardor urinæ, and makes the patient comfortable during the use of the bougie. When it will pass into the bladder, we should increase the size; and then it will often be found, on approaching the membranous part, that it will not pass without considerable effort, if at all. The opposition is often so considerable as to amount to actual stricture, and frequently requires a considerable number of efforts, repeated at intervals of a few days, so as to avoid too much mechanical irritation, to pass the instrument.

It is in these cases, when combined with nocturnal emissions, that we have had frequent cause to deprecate the abuse of the treatment devised by the distinguished Lallemand; we can assure the profession, from extensive observation, it is most desperately misapplied by empirics in this city. There can be no doubt of the hyperæmic state of the parts and the propriety of using this remedy in many cases of spermatorrhœa; but we have found, in irritable urethra, the ung. nit. hyd. to be quite sufficient, and mostly apply the caustic to the *passive* condition of the seminal ducts, in which there is a constant draining away of the semen without much power of erection.

We have sometimes used the syringe described in our last communication, at page 119 of this Journal, with a ten-grain solution of caustic, in these cases, with similar good effect; but we feel it incumbent upon us to caution those not in the habit of treating these cases, against the effects of caustic, inevitable if Lallemand's instrument be used, in active cases of irritable urethra. There is no method of ascertaining with absolute certainty, when using that instrument, the exact part where the caustic is applied; and the projection of the *port caustique* and its complete revolution in the urethra by means of the screw, has in many cases that have presented themselves subsequently to our own notice, even where the instrument was applied by careful hands, produced excessive irritation, and in more than one case actual and persisting stricture of the urethra, requiring long-continued efforts to overcome it.

For the purpose of defining with perfect accuracy a method of applying caustic directly to the seminal ducts (for we have acknowledged its necessity and efficacy in the passive stage of spermatorrhœa), we draw upon your own and your readers' indulgence for a description and illustration of a little affair of our own devising. A catheter of medium size, without any other holes, is pierced with a slit one eighth of an inch in width, and three quarters of an inch in length, which ends half an inch from its point; a round and oblong piece of silver, having an opening in its side of the size and shape of the largest grain of wheat, corresponding with the slit, is attached to a rod of sufficient length, and thereby pushed straight onward to the very end of the catheter, which it completely fills,

after having been charged with powdered caustic by means of a small spatula through the slit having been brought opposite to it for that purpose. As soon as this is thrust to the end of the catheter, the caustic is completely closed from all access to the urine, as the end of the port caustique nearest the slit is well packed with leather like the piston of a syringe. The surgeon now passes the catheter slowly into the bladder, the patient standing; he knows, of course, that the urine cannot appear till the slit enters the bladder. The caustic, closed up tightly in the half inch of catheter beyond the slit, is now in the bladder, and the slit lying just beyond the ducts. Drawing the catheter towards himself, just far enough to prevent the issuing of the urine, he brings the slit directly over the verumontanum. The surgeon now draws the rod forward, and when the caustic comes opposite the slit, it falls in a pure and dry state directly on the mouths of the seminal ducts; any moisture that the catheter may retain from the entrance of the urine, will of course gravitate towards the curve of the catheter, and the unperforated half inch will prevent the entrance of more by filling completely the opening of the bladder. There is no more difficulty in applying this instrument than a common catheter; in withdrawing it, however, it will be well to observe a caution we have given before, viz., if any spasm exist, which is sometimes very powerful and originates from the anterior fibres of the levator ani muscle, often called the sling muscles of Wilson, it is best to wait a minute or so till relaxation occurs. We have repeatedly found it absolutely impossible to withdraw the instrument under two or three minutes.

The following is a longitudinal section of the instrument. They are beautifully made by Goulding, in Chatham street, New York, to whom we have been indebted for careful attention in making all the instruments we have described in this Journal. The size and curve is to be precisely like an ordinary catheter. All the other arrangements as above stated.

If you and your readers are not wearied, I will in my next communication give a few cases diagnosticating the various conditions for which the treatment described in these observations has been instituted, and notice some of the abuses of caustic by empirics in this city.

COLD WATER IN OVER DOSES OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have been a reader of your valuable Journal for several years, and do not recollect seeing any communication respecting the application

of cold water to the cranium in cases of over doses of opium, when taken for the purpose of committing suicide; or when injudiciously administered. As several cases of the kind have come under my observation, I take this opportunity to report them, and you are at liberty to do with them as you please.

Case I.—A healthy child, aged 6 months, son of P. W., December 3d, 1845. A few days after confinement, the mother was troubled with abscess of the breast, for which six or eight powders of acet. morph., of one sixth of a grain each, were prescribed by the attending physician, to be taken as circumstances required. About four and a half months afterwards a swelling appeared about the groin of the child, and the mother remembering the good effects of the morph. upon herself, administered a powder to him, at 4 o'clock, P. M. Two hours had elapsed before I arrived. I found the child as follows:—Entirely insensible; countenance pale and Hippocratic; breathing stertorous; extremities cold; pulse scarcely perceptible; and, in fact, every appearance of immediate dissolution. An emetic of sulph. zinc and ipecac. was turned down, but the stomach did not respond to it. Hot flannels, wet and dry, were wrapped about the child, with sinapisms to the extremities and spine. We then commenced pouring cold water from the height of about four feet. This was continued at short intervals for five hours, when sensibility began to return, and the child recovered.

Case II.—Mrs. C., of Dickinson, a robust woman, æt. 50 years, August 9, 1846, 11 o'clock, A. M., took full one drachm of best Turkey opium, after shaving to a powder, for the purpose of committing suicide. She told her daughter (18 years of age) that she felt unwell, and would go and rest herself in an adjoining room for two hours, and did not wish to be disturbed during that time. Half past 2, the daughter entered her room, and finding her insensible, sent for me. I arrived at 4, P. M., and found her extremities cold and clammy; entirely senseless; great prostration; feeble and irregular pulse; stertorous breathing in the extreme. From particular inquiry I became satisfied that these symptoms were caused by an over dose of opium—as she afterwards confessed. *Treatment.*—Hot sinapisms, stimulating frictions and active flaggelation to the extremities; cold water from the well was then poured in a large stream from a hole in the chamber floor. Not having a stomach pump at hand, an emetic of sulph. cupri. and ipecac. was forced, with some warm brandy and water, but it was some time before it would operate, with the assistance of a feather to the fauces. No remains of the drug were evacuated that we could discover. The water was continued almost constantly for nearly six hours, before she began to arouse from the lethargic state.

Case III.—Infant of A. S., of Moira, aged 14 days, December 5th, 1846. Being restless, a neighbor gave it two drops of highly-concentrated laudanum, at 10 o'clock, A. M. I saw it at 1, P. M., and found its countenance pale and ghastly; eyes open and set in their sockets, with occasional winking of the lids; surface generally cold; breathing stertorous and exceedingly irregular, and having frequent convulsions. *Treat-*

ment.—Hot sinapisms and hot flannels were applied, as in the former cases, with an occasional warm bath. Cold water was applied by means of wet cloths, and continued twelve hours, when the narcotic effects having subsided, recovery followed.

In regard to the above cases, I would remark, that I consider the success owing to the thorough application of the water to the head, thereby prolonging the powers of life until the suspension of the narcotic effects of the drug. From the experiments of Sir B. C. Brodie, who has clearly demonstrated that opium produces death by paralyzing the nerves of respiration, is it not possible that partial, if not entire, congestion of the brain takes place in fatal cases? If so, may we not *rationally* come to the conclusion that the refrigerating application has a powerful tendency to prevent such congestion, and therefore deserves the attention of the profession? F. H. Petit, M.D.

Moira, N. Y., April 6th, 1847.

THE LETHEON AND DR. WELLS.

By Edward Warren.

[Communicated for the Boston Medical and Surgical Journal.]

Having been furnished with a copy of a pamphlet bearing the name of Dr. Horace Wells, and containing a statement of his claims to the discovery by which pain is prevented in surgical operations, I am induced to offer the following facts for insertion in the Medical and Surgical Journal, trusting that they may have some effect in making Dr. Wells's real claims known to the public. He had probably forgotten the existence of the following letter, and I therefore wish to lay it before the readers of the Journal, in order that he may have the full benefit of its publication. Far be it from me to detract aught from his real merits in this matter. I will rather let his own letter and his friends speak for him. Certainly he can have no objection to such a course. That he discovered the fact that nitrous oxide gas will, in some measure, mitigate pain in surgical operations, I do not deny. But when he argues from thence that he is entitled to all the credit when any one else discovers an equally powerful agent to produce similar, or still more perfect results, I must resist his deductions. I cannot see the soundness of his logic, or the validity of his conclusions. If his friends do, their notions of logic are certainly peculiar. But I will not longer withhold the following facts in the case in question:

Galigani's Messenger of Feb. 18th contains a letter from Dr. Wells, then in Paris, in which he claims to be the original discoverer of the fact that the vapor of sulphuric ether, when taken into the lungs, will produce insensibility to pain. But lest any should be misled in this matter, I herewith submit a copy of a letter from him to Dr. Wm. T. G. Morton, written before the idea of laying claim to the discovery in question entered his head. If Dr. Wells wishes to maintain his claims to his pretended discovery, that nitrous oxide gas will produce insensibility to pain, no one

thinks of depriving him of the credit—most certainly Dr. Morton does not. But this letter will speak for itself.

"Hartford, October 20, 1846.

"Dr. Morton. Dear Sir,—Your letter, dated yesterday, is just received, and I hasten to answer it, for fear you will adopt a method in *disposing of your rights*, which will defeat your object. Before you make any arrangements whatever, I wish to see you. I think I will be in Boston the first of next week, probably Monday night. If the operation of administering the gas is not attended with too much trouble, *and will produce the effect you state*, it will undoubtedly be a fortune to you, provided it is rightly managed. Yours, in haste, H. Wells."

Now there is a brief history to this note, which is this:—When Dr. Morton made his discovery, he immediately wrote to Dr. W., his former partner, to come at once to Boston, and aid in introducing it to the public. In answer to this request, Dr. M. received the note above, in which the writer promises to be in Boston by a given time, but never mentions any claims of his own to the same thing, as will appear by a reperusal of his letter. He came, as stated, witnessed the administration of the ether, pronounced it "dangerous" and "risky," and, after two or three days, returned home, determined to have nothing to do with the business.

The next time Dr. Morton heard from his old partner, was about the middle of December, when he received a letter from this "jump-up-behinder," as the London Lancet calls Dr. Collyer and other *second-hand* discoverers, in which claim is laid to the whole honor of the new use of sulphuric ether, in these words:—"I have just seen a copy of your claim, and find that it is nothing more than what I can prove priority of discovery [to] by at least eighteen months. When in Boston at your room, *I was well satisfied* that the principal ingredient *was ether*, and to all appearances it had just the effect of this alone upon the patient to whom I saw it administered in your office."

And again, "At the time I commenced using gas, I had prepared to use sulphuric ether entirely instead of nitrous oxide gas, but Dr. Marcy advised me to desist from using it, as it was more dangerous than nitrous oxide gas. *How far I made use of it, I have studiously avoided to say anything* in my address to the public."

Now as nearly seven weeks elapsed, after Dr. Wells's visit to Dr. Morton, before he thought of laying claim to the discovery in question, it would seem that all he knew of the use and effects of sulphuric ether in preventing pain, he must have gained during those two or three days in Dr. Morton's office. This was enough, however, for his purpose, and soon after he set out for Europe to substantiate these claims there!

While in Washington the past winter, endeavoring to induce our government to introduce this discovery into the army in Mexico, and after getting the matter referred to a select committee of the House of Representatives, I learned with some surprise that the Hon. James Dixon, Member of Congress from Connecticut, and townsman of Dr. Wells, had sent in a sort of informal protest to the committee's further proceedings,

until a constituent of his, this same Dr. Wells, had furnished certain testimony in his favor. This was early in January. I immediately called on Mr. Dixon, who stated that Dr. W. had requested his assistance, and had promised to furnish him with certain evidence of his claims; but, having gone to Europe without procuring it, he did not think it would arrive at all, and if not by a certain day, then near at hand, he would aid me in my efforts; at the same time saying, as near as I can now recollect, that, about two years ago, he had heard that Dr. Wells was making some experiments with *nitrous oxide gas*, to prevent pain in extracting teeth; that, having a severe toothache, he called on him, proposing to take this gas, but that Dr. Wells informed him that, after giving it to thirteen or fourteen patients with only partial success, he had abandoned its use as dangerous, and dissuaded him from resorting to it.

These experiments thus proving abortive, nothing further was heard of Dr. Wells, and *his* discovery, until the lucky thought entered his head of claiming the new application of ether as his own, as he did in the letter from which the above extracts are taken, although he then contended, and still contends, that nitrous oxide gas is preferable to ether.

Dr. Wells has much to say about his visit to Boston in December, 1844, whither he came for the purpose of having his favorite gas tested by our surgeons. It seems that they kindly gave him an opportunity to make the trial, in which he was entirely unsuccessful; surgeons, students, and all, pronouncing his pretended discovery a failure and a "humbug," when he returned home, and has not from that day to this, so far as the public are informed, resumed the use of the nitrous oxide gas.

Early in January last, on his publicly laying claim to Dr. Morton's discovery as identical with his own, and stating that he had disclosed the same to Dr. J. C. Warren, among others, during his visit to Boston in December, 1844, Dr. Morton called on Dr. Warren relative to this matter, and received the following:

Boston, January 6th, 1847.

I hereby declare and certify, to the best of my knowledge and recollection, that I never heard of the use of sulphuric ether, by inhalation, as a means of preventing the pain of surgical operations, *until it was suggested by Dr. W. T. G. Morton*, in the latter part of October, 1846.

JOHN C. WARREN,
Professor of Anatomy, and Surgeon of the Massachusetts General Hospital.

Doubtless Dr. Morton is very grateful for the kind assistance he has received from Dr. Wells and Dr. Jackson, who severally claim the whole credit of making Dr. Morton what he is. Dr. W. in his pamphlet—that important little *brochure* just born to public favor—says Dr. Morton "was instructed in his profession by myself about five years since, and I subsequently assisted in establishing him in the city of Boston."

In a note published in the Advertiser of March 8th, Dr. Jackson says: "I have always assisted Dr. Morton, by every means in my power. Whenever opportunity offered, I have given him all the instruction, advice and information, that would tend to improve him in knowledge, and qualify him to be a useful and honorable practitioner of his profession."

Now from the anxiety of these gentlemen to gain the honor or credit of having built up Dr. Morton, they strongly imply that his claims to the discovery are better founded than they are willing in direct terms to admit. It is true that, like other men, Dr. Morton has had the instruction of others older than himself; but does it follow from thence that he derived from them that inherent energy of character, and that indomitable perseverance, which have enabled him to bestow so inestimable a blessing upon the world? In reasoning thus, they are chargeable with arrogating to themselves what belongs to a higher Power.

And here the query may be made, where is Dr. Morton all this time? to which I answer, that he is at home quietly attending to his numerous patients, confident that, if he has made a great discovery known to the world, there are too many persons in this community conversant with his claims, to allow the honor due to Boston, to be wrested from him to whom it is justly due. Dr. Morton is a Fellow of no learned society, he belongs to no celebrated academies, he is a member of no eminent bodies, to whom he can proudly confide the defence of his claims. If others have the advantage of learned correspondents in Europe, or are permitted to lay their pretended claims before the great literary and scientific arbiters of the world, he, on the contrary, submits his to the justice and gratitude of his countrymen, believing that honors denied him at home are of little value when conferred abroad.

And I will close this paper with the three following propositions, which have been suggested to me by reading a celebrated controversy of a nature similar to this, now going on in Europe. They are:

1st. That Dr. Morton formed the original idea in his own mind, and thus was a *discoverer* of the fact, that the vapor of sulphuric ether taken into the lungs would produce insensibility to pain.

2d. That being a discoverer, he was also the *first publisher* of that fact to the world.

3d. That being both a discoverer and also the first publisher, he must therefore be held to be *the true and first inventor thereof.*

Boston, April 24, 1847.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 28, 1847.

Anatomy of the Horse.—An impulse is likely to be given to a much neglected subject, by the energy of the Mass. Agricultural Society. Veterinary science is scarcely known in New England; and in consequence of a criminal ignorance of the structure and diseases of the horse, to say nothing of many other useful domestic animals, that trusty servant of man suffers unnecessarily, and not unfrequently, when sick, dies a victim to the abominable medication of some pretender, who knows no more of the principles upon which remedies should be administered, than he does of the

political condition of the inhabitants of Leverrier's new planet. A horse doctor in this country, with some exceptions to be sure, occupies the very lowest position in the category of medical pretenders. He falls vastly in the rear of cancer curers, seventh sons and Indian doctors. In short, a farrier, instead of being a person of exact attainments in his business, too frequently knows nothing at all about it. In England, on the contrary, veterinary medicine receives the fostering care of the legislature, and those who study it sustain an honorable place in society. It should and might be so here; and we entertain a hope that the dawn of a better state of things in this strangely neglected field for benevolent enterprise, appealing as it does to the humanity of intelligent people, is about to be ushered in.

When a horse is sick, it is too often the custom, hereabout, to give some of every article that may be suggested by a neighbor, as being excellent for a dumb beast, without the least regard to the causes that have impaired his health. When the whole farrago of decoctions, as vile in flavor and incongruous in composition as possible, fails to give relief, boluses, that would have proved destructive missiles in the bombardment of Vera Cruz, are next forced down the poor creature's throat. Cathartics of a severely drastic character, in unreasonable doses, are also favorites with the pseudo-veterinarians, who also occasionally pour down bottles of gin or new rum, because they are always said to be good, like catnip tea for children. After all these ineffectual prescriptions, the unfortunate animal is placed under the regular treatment of a professed horse doctor, and, as might be expected, the horse is quickly finished—the owner consoling himself with the satisfactory reflection that all the resources of transmitted experience and improved science were of no avail in preserving life!

In view of the deplorable low state of knowledge on this subject, the Massachusetts Agricultural Society has imported an anatomical model of the horse, in *papier maché*—of the same material of which the manakins are constructed—that is true to nature in every essential particular, both as it respects the size, position and color of each and every organ, internal as well as external, and which may be separated, piece by piece, from the superficial muscles to the deepest seated tendons. As a work of art, it is admirable—nay, more, surprising.

On Friday evening, April 16th, a lecture was given in the hall of the House of Representatives, in this city, by Dr. Warren, on the general anatomy of the horse, making reference to this splendid production, in illustration of his propositions, and we think favorably impressed an intelligent audience on the importance of having a systematic course of veterinary science taught in this place. We cheerfully accord to him the honor of having opened a sealed volume in Massachusetts, and thank him, too, in the name of humanity, for this kind effort to lessen the sufferings of this noble and useful animal.

Presentment of the Medical Profession.—A screw in the machinery of civilization is loose in Canada, where it was least expected. The medical profession has actually been presented by a grand jury! It seems, in the language of that body, that persons are daily admitted to the practice of medicine, in Upper Canada, with too much facility. They may have passed a sufficient period of time in study, gone the rounds of hospital cliniques, and received even a doctorate, and then be totally unfit to assume the responsibilities of a medical practitioner. Canada is not the only place on

this continent where doctors are fledged too soon, nor has the grand inquest made the discovery first, that life is too precious to be entrusted to the care of beetle-headed fellows, who might have succeeded very well in ditching bog lands, but who should never have been licensed to prey upon the human family. Dr. Horace Nelson, of Montreal, of the chair of anatomy and physiology in the school of medicine in that city, has written with vigor and judgment upon the subject. He manifests some severity towards the grand jury, intimating that they should point out a remedy for the evil it was so ready to proclaim. Were the grand juries of these sovereign and independent States to point out the anomalies that appertain to the different kinds of practice, and to the practitioners themselves, great and small, there would be no other business accomplished.

Albany Medical College.—By an oversight, a recently published catalogue of this thrifty institution has for some weeks escaped our notice. Thirty students were admitted to the degree of M.D. at the close of the term. There was a fine class, and it is presumed that the season passed away both pleasantly and profitably. Dr. March performed an unusually large number of operations in the course of the winter, with his accustomed success. The circular announces a preliminary series of lectures, commencing the first Tuesday in September—free to those who shall have matriculated for the coming session in October next.

Eastern Asylum of Virginia.—The Old Dominion is as humane as she is patriotic. Two hospitals for the insane in one State, is more than has been undertaken by any other State, in its corporate capacity. The one located at Staunton we have personally examined; but the Asylum at Williamsburg is only known to us through the reports of the Superintendant, Dr. John M. Gault. Some years since, pretty severe comments were made on this charity by individuals here at the East, but the circumstances which called them out have passed from recollection. Dr. Gault's office is no sinecure, that is certain—for he has had, during the year, 160 insane patients under his watchful care. During the same time, 7 died—and at the close of the report to the legislature, Dec. 31st, 140 were under supervision. Of the 160 patients, 92 were males and 68 females—22 of the former and 33 of the latter being married. Ill health was the cause of 23 cases of insanity, and mental anxiety 10, which stand highest on Dr. Gault's catalogue among the productive causes of that great calamity, the loss of reason. Suicidal cases, remarks upon institutions for the insane, and insanity with reference to jurisprudence, together with observations upon legal provisions for idiots, constituting a large part of the report, strike us favorably. Long may the kind-hearted superintendent live in the discharge of the duties belonging to the high trust confided to him by the Commonwealth.

American Institute of Homœopathy.—From the American Journal of Homœopathy, the following intelligence is derived, viz., that the fourth anniversary of the American Institute will be held in Boston on the second Tuesday in June next; and the editor hopes that all physicians of that

school, laying aside all business and excuses, will be in attendance at the meeting. The interchange of opinion formed upon that practice in the different parts of the Union, must not only be interesting, but highly useful to themselves.

The Ether in Europe.—The last arrivals from England furnish considerable information respecting the progress of the use of ether in surgical practice. The question of its use in midwifery has received much attention. Baron Dubois, Professor of Midwifery at the Faculty of Paris, made a communication on this subject to the Academy of Medicine on the 23d of February, which is drawn up with much care, and comprises reports of many cases. Much in favor of the use of ether in obstetric cases is contained in it; but the following is part of the conclusion to which he arrives. "My profound feeling on the subject is, that inhalation of ether in midwifery should be restrained to a very limited number of cases, the nature of which ulterior experience will better allow us to determine." A lecture on the same subject has also been delivered in London by W. Tyler Smith, M.B., Lecturer on Midwifery. His experience brings him to a similar conclusion. On the other hand, Professor Simpson, who has also lectured on this branch of ethereal application, thinks that the accoucheur is not only justified in using it in natural labor, but that it is questionable whether he is justified in withholding it. A case is reported in the London Times of March 19th, in which the ether was administered to a lady from whose thigh a sarcomatous tumor was to be removed. Unconsciousness was produced and the operation successfully performed; the patient did not rally, however, after the operation, but sank gradually and died on the second day. She was previously in a delicate state of health. A great number of successful cases are reported in full or alluded to, in all parts of Europe; and, indeed, the unsuccessful ones, though more than was hoped might occur, are comparatively very few and less than could reasonably have been expected in the general use of so powerful an agent. Dr. Wells's claims, as discoverer, are brought forward in the Lancet by Dr. Henry Bennett, who states that Dr. W. "left America for Europe before Drs. Jackson and Morton asserted a right to the discovery," and that "it was only some time after his arrival in Paris that he heard of these gentlemen having assumed the credit of the discovery." This assertion does not well harmonize with the letters from Dr. W. to Dr. Morton, published in to-day's Journal.

Boylston Medical School.—The act of incorporation applied for by this School has been granted by the Legislature. The following is the list of the corporation:—John Bacon, Jr., M.D., Charles E. Buckingham, M.D., Edward H. Clarke, M.D., Sam'l Kneeland, Jr., M.D., Wm. Henry Thayer, M.D., John B. Walker, M.D., Manlius S. Clarke, M.D. At a meeting of the Corporation, held April 14th, the following officers were elected:—Charles E. Buckingham, M.D., *Vice President;* Francis W. Buckingham, Esq., *Secretary;* Edward H. Clarke, M.D., *Treasurer.* The office of President was not filled, and it was voted to leave the chair vacant for an indefinite period.

Delegates to the National Medical Convention.—At a meeting of the Council of the New Hampshire Medical Society, holden on the 8th inst.

the following gentlemen were appointed delegates to the National Medical Convention to be held at Philadelphia the first Wednesday in May next, viz.:—Amos Twitchell, of Keene; Josiah Bartlett, of Stratham; James Batcheller, of Marlboro'; Charles P. Gage, of Concord; Richard P. J. Tenney, of Loudon; Francis P. Fitch, of Amherst; Josiah Crosby, of Manchester; Amos G. Gale, of Manchester; Joseph Eastman, of Hampstead; C. F. Elliott, of Great Falls; Jas. H. Smith, of Dover; Chas. A. Savory, of Warner; A. C. Dickey, of Lyme; M. T. Willard, of Concord; James A. Tilton, of Pembroke.

New York Correspondence.

Dr. Detmold's Weekly Clinique.—Dr. Detmold, of New York, to whose private school of instruction allusion was recently made in this Journal, has a weekly clinique for the benefit of his class, which presents a great variety of cases both medical and surgical; some of which, especially in the latter department, possess a high degree of interest. A brief reference to some of these may occasionally be acceptable.

A few days since, Dr. D. applied a ligature to the common carotid for the cure of an erectile tumor of great size, occupying the parotid region. The patient was a female child, only 9 months old. The success of the operation seems to have been entire.

On Wednesday last, Dr. D. extirpated the entire upper jaw upon the right side, for a young German, who was suffering from a malignant tumor of enormous size, involving that entire bone, which proved to be of that variety known as osteo-sarcoma. The progress of the disease rendered it necessary to remove the floor of the orbit of the right eye, part of the zygomatic process of the temporal bone, the whole of the malar bone, the entire superior maxillary bone (including the palatine bone), detaching the tumor from its deep-seated and posterior attachments; the æthmoid bone, and the pterygoid processes of the sphenoid bone, being exposed when the operation was completed, and presenting an appalling chasm; which exhibited at one view the horrible progress of the disease, and the astonishing power of surgery as adequate to furnish a resource even in so desperate a malady. The whole mass was successfully removed in its integrity, and whatever may be the issue to the afflicted patient, the tumor presents a morbid specimen of very great interest, and should the patient recover, it is in itself a trophy, of which any surgeon may be justly proud. The operation was witnessed by a number of physicians and students, and was borne by the patient with the most uncomplaining silence, he never betraying the least indication of suffering, not a murmur escaping him throughout the protracted operation; so that had he pretended to have been mesmerized, the cheat could not have been detected. A minute and detailed account of this formidable operation will doubtless be furnished for some of the journals after its result shall be known. Thus far the patient is doing well, and Dr. D. is sanguine in his hopes of entire recovery. R.

Report of Deaths in Boston—for the week ending April 24th, 69.—Males, 37—females, 32. Stillborn, 3. Of consumption, 11—typhus fever, 11—lung fever, 5—scarlet fever, 1—drowned, 2—dropsy on the brain, 2—sudden, 1—convulsions, 1—infantile, 6—marasmus, 2—pleurisy, 2—old age, 1—mortification, 1—measles, 2—hooping cough, 2—child-bed, 2—croup, 2—paralysis, 1—tumor, 1—brain fever, 1—diarrhœa, 1—disease of the bowels, 3—rheumatism, 1—rupture, 1—worms, 1—accidental, 1—disease of the uterus, 1—dropsy, 1—disease of the heart, 1—unknown, 1.

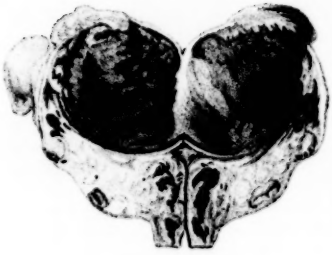
Under 5 years, 28—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 9—over 60 years, 9.

Frictions with Croton Oil in Pulmonary Diseases.—Dr. Rayer, of whom I spoke in a previous letter, has been in the habit of using, with most satisfactory results, the oil of croton tiglium in frictions on the anterior surface of the thoracic cavity, in those persons who were laboring under pulmonary tuberculization. According to this able practitioner, twenty-four drops of the oil may be used for each friction with impunity. It is used by pouring a little at a time on the chest, and then rubbing it with the naked palm of the hand; this is followed, as is well known, by the development of pimples or buttons on the breast, which the hand escapes, owing, perhaps, to the absence of follicles and the greater thickness of the epidermis on its palmar portion. The employment of the croton oil in this way and in this quantity affords notable relief to the dyspnœa, the nocturnal agitation, and the fever which so cruelly torment patients of this kind; and it is to be regretted that the high price of the article places it beyond the reach of the indigent, and must seriously limit its application in such affections.

Here I may mention that a medical friend from New York, now in Paris, has assured me that, during the last four or five years, he has applied the croton oil in frictions to the anterior and superior surface of his chest whenever he has been troubled with a cold which affected especially the bronchia, and that it has always afforded relief within twenty-four hours. He thinks the pustules form more readily if the part has previously been washed well with warm water, and afterwards rubbed with a rag saturated with spirits of camphor. Previously to commencing frictions with the oil, which he usually does in the evening before going to bed, he takes care to place a handkerchief between the thorax and his under-shirt, in order to prevent the latter from becoming soiled when the pustules break.—Dr. Yandell's *Letters from Paris, in Western Journal.*

The Letheon at St. Bartholomew's Hospital.—A middle-aged man was brought in, and commenced the process of inhaling, which he continued for about ten minutes, and Mr. Stanley proceeded to remove one of the middle fingers at its articulation with the metacarpus; the patient, however, not only cried out as much as the tube would allow him, but struggled so hard that he was with difficulty kept on his seat, and at the conclusion of the operation, he said that he had felt more pain than he expected. After his removal, Mr. Stanley said that the man confessed that he had at one time been a free drinker, and this was probably the cause why the ether did not affect him.

The next patient was a little boy who had ruptured his urethra by a fall, and required an operation to re-establish the natural current of the urine. The vapor was administered by Mr. Tracy, by means of an apparatus of his invention, and in about four minutes Mr. Skey commenced the operation, which was necessarily a tedious and, a little time ago, we might have added, a very painful one. The boy, however, showed little if any symptom of suffering. With one or two short intermissions, the inhalation was continued during the operation. His breathing was once or twice laborious, the abdomen heaving a good deal, but the withdrawal of the tube from his mouth quickly removed this state. His face, and even the whole surface of the skin, was somewhat purple most of the time. At the end of the operation, he seemed very cheerful, saying, that when he began to feel pain, they told him to "breathe again, and then he did not feel it." He went on inhaling for about 25 minutes, with short intervals.—*London Lancet.*



MELANOSIS OF EYE-BALL

W. H. Tuppan, del.

Lith. of Sharp, Pierce & Co.